

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6771 - 62-024631  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED JUL 12 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS, MISSOURI

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

BARNES HOSPITAL

Length of stay in 1b

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

b. COUNTY

Adams

c. CITY OR TOWN

Quincy

d. STREET ADDRESS

2616 Chestnut

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

Gerald BRUCE

First

Middle

Last

8. DATE OF BIRTH

7/5/1940

9. AGE (last birthday)

22

Month

JULY

Day

6

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

## 11. BIRTHPLACE (City and state or country)

Quincy, Illinois.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

## 10b. KIND OF BUSINESS OR INDUSTRY

Mens Store

## 13a. FATHER'S NAME

Gerald M. Frohn

## 13b. MOTHER'S MAIDEN NAME

Auretta Wingerter

## 14. NAME OF HUSBAND OR WIFE

Karen

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No.

Nil.

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

Gerald M. Frohn, Quincy, Illinois.

## Address

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) GASTROINTESTINAL BLEEDING

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) UREMIA

DUE TO (c) CHRONIC GLOMERULONEPHRITIS

## INTERVAL BETWEEN ONSET AND DEATH

3-4 WEEKS

4 MONTHS

2 YEARS

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

[REDACTED]

## 20f. CITY, TOWN, OR LOCATION

[REDACTED]

## COUNTY

[REDACTED]

## STATE

[REDACTED]

21. I attended the deceased from FEBRUARY 25, 1962 to JULY 6, 1962 and last saw her alive on JULY 6, 1962

Death occurred at 6:10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

[Signature]

## (Degree or title)

M. D.

## 22b. ADDRESS

BARNES HOSPITAL

## 22c. DATE SIGNED

7/6/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

7-9-62

## 23c. NAME OF CEMETERY OR CREMATORY

Quincy Memorial Pk. Cem.

## 23d. LOCATION (City, town, or county)

Quincy, Illinois.

## 24. FUNERAL DIRECTOR

Albert H. Hoppe Inc.,

## ADDRESS

4700 Washington,

## 25. DATE RECD. BY LOCAL REG.

JUL 9 1962

## 26. REGISTRAR'S SIGNATURE

[Signature]

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1

3

4 0

5 1

6

7 1

8 1

9

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11

12 52-0

13

52

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John J. Haines*

Licensed Embalmer No. 4108

P. O. Address

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.